MAINE HEALTH ALERT NETWORK

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**ADVISORY - Important Information **

2009PHADV058

TO: All HAN Recipients

FROM: Dora Anne Mills, M.D., M.P.H., Public Health Director

SUBJECT: H1N1 Update for Friday, November 6, 2009

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H1N1 Update Friday November 6, 2006

This health advisory serves to update health care providers and others on the H1N1 situation in Maine as well as access to vaccine and antiviral medications.

H1N1 CONTINUES TO SPREAD AND WORSEN IN MAINE

As anticipated, H1N1 continues to expand and worsen. Outpatient visits for influenza, the numbers of schools reporting high absenteeism, and hospitalizations have all increased substantially this past week. Maine has also recorded its second death due to H1N1 this week – a young adult with serious underlying conditions from Penobscot County. 25 schools have reported high (>15%) absentee rates this week, and they range from Aroostook to York County and from Washington to Oxford County. 10 people were hospitalized this past week due to H1N1. Four of them were previously healthy children, including one child admitted to an IUC. Every county has had confirmed cases of H1N1

Maine CDC recommends that hospitals and other health care providers be ready to implement their surge and alternate care site plans, and do so as the need arises. Pediatric providers such as children's hospitals and health care providers who care for a number of children in southern New England have had to implement

VACCINE EFFORTS CONTINUE

Vaccine Supply: A cumulative total of 138,600 doses of H1N1 vaccine have arrived in Maine at over 200 health care provider sites by the end of this week. This represents 1 dose for every 5 in the high priority groups and 1 dose for every 10 people in Maine.

Vaccine Administration: An estimated 15,000 children were vaccinated last week in 100 school-related vaccine clinics. Over 200 schools have scheduled clinics this week and next.

- There are 9 formulations of the H1N1 vaccine, each with different age group and parameters they are licensed for. Besides formulations appropriate for school children we have increasingly received formulations appropriate for pregnant women and pre-school aged children this past two weeks. We have now been able to distribute vaccine for pregnant women to every delivering hospital and obstetrical health care provider who has ordered vaccine from us. We are also increasingly distributing vaccine to pediatric health care providers for pre-school aged children and very high-risk or other older children who are not being reached by school clinics. Some vaccine has also been distributed to specialty practices that care for very high-risk adults, such as pulmonary, cardiac, and oncology specialists and dialysis centers.
- The U.S. CDC continues to reiterate the importance that all vaccine <u>only</u> be given to those at highest risk. The overall high priority groups for H1N1 Vaccine:
 - o pregnant women,
 - o persons who live with or provide care for infants aged <6 months (e.g., parents, siblings, and daycare providers),
 - o children and young adults aged 6 months--24 years, and

- o persons aged 25--64 years who have medical conditions that put them at higher risk for influenza-related complications, and
- o health care personnel.

Medical conditions that confer a higher risk for influenza-related complications include chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, cognitive, neurologic/neuromuscular, hematologic, or metabolic disorders (including diabetes mellitus) and immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus).

Because of such limited vaccine supplies at this point in time, we ask that vaccine be limited to those at the highest risk for complications, such as pregnant women, children, caregivers/household contacts of infants <6 months (to protect the young infants for whom there is no vaccine), and adults <65 years of age who have severe underlying medical conditions as listed above.

H1N1 Vaccine Information and Recommendations: http://www.cdc.gov/h1n1flu/vaccination/professional.htm

CRITICAL IMPORTANCE OF ANTIVIRAL MEDICINES

Although use of influenza antiviral drugs in the United States has increased during the 2009-2010 flu season, not all people recommended for antiviral treatment are getting treated

Clinical Indications: It is very important that health care providers and those in high risk groups are aware of the importance of the antiviral medications oseltamivir (Tamiflu) or zanamivir (Relenza). People in high risk groups for complications who have symptoms of H1N1 or whose household members have symptoms should be strongly considered for prescriptions for these medicines. Antiviral medications can reduce the severity as well as the duration of illness. All hospitalized patients with suspected or confirmed H1N1 should receive antiviral treatment with a neuraminidase inhibitor as early as possible.

Those in these high-risk groups include anyone <2 years of age, >64 years of age, pregnant women (including 2 weeks post partum), anyone with an underlying high-risk medical condition; and anyone with lower respiratory or severe illness.

- Underlying high-risk medical conditions include:
 - Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), or metabolic disorders (including diabetes mellitus);
 - Disorders that that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders)
 - Immunosuppression, including that caused by medications or by HIV;

• Full CDC recommendations for antiviral medicines can be found at: http://www.cdc.gov/h1n1flu/recommendations.htm

It is critical to remember that it is not too late to treat, even if symptoms began more than 48 hours ago. Outpatients, particularly those with risk factors for severe illness who are not improving, might also benefit from treatment initiated more than 48 hours after illness onset.

Some people without risk factors may also benefit from antivirals. To date, 40% of children and 20% of adults hospitalized with complications of 2009 H1N1 did not have risk factors. Clinical judgment is always an essential part of treatment decisions.

When treatment of persons with suspected 2009 H1N1 influenza is indicated, it **should be started empirically. If a decision is made to test for influenza, treatment should not be delayed while waiting for laboratory confirmation**. Rapid influenza tests often can give false negative results. If you suspect flu and feel antiviral treatment is warranted, treat even if the results of a rapid test are negative. Obtaining more accurate testing results can take more than one day, so treatment should not be delayed while waiting for these test results. For more information on influenza testing, please see: http://www.cdc.gov/h1n1flu/guidance/diagnostic_tests.htm.

Although commercially produced pediatric oseltamivir suspension is in short supply, there are ample supplies of children's oseltamivir capsules, which can be mixed with syrup at home. In addition, pharmacies can compound adult oseltamivir capsules into a suspension for treatment of ill infants and children. Additional information on compounding can be found at: http://www.cdc.gov/H1N1flu/pharmacist/.

Accessing Maine's Antiviral Stockpile: A significant portion of Maine's state and federal stockpiles of antiviral medications have been distributed to federally-qualified health centers, Hannaford's pharmacies, and other willing pharmacies. They are available for anyone in these groups with symptoms or close exposure (such as to a household member) and who do not have adequate insurance coverage (no insurance, high co-pays or high deductibles). The instructions for accessing these can be found at: http://www.maine.gov/dhhs/boh/maineflu/h1n1/anti-viral.shtml. All of Maine's stockpile of pediatric suspension has been deployed to hospitals, health centers, and the participating pharmacies.

More Information on Antiviral Medicines:

Updated Interim Recommendations for the Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season: http://www.cdc.gov/H1N1flu/recommendations.htm

Ouestions & Answers:

Antiviral Drugs, 2009-2010 Flu Season: http://www.cdc.gov/h1n1flu/antiviral.htm Influenza Diagnostic Testing:

http://www.cdc.gov/h1n1flu/diagnostic_testing_clinicians_qa.htm

Updated Interim Recommendations for Obstetric Health Care Providers Related to Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season: http://www.cdc.gov/H1N1flu/pregnancy/antiviral messages.htm

Antiviral Drugs: Summary of Side Effects: http://www.cdc.gov/flu/protect/antiviral/sideeffects.htm

General information for the public on antiviral drugs is available in "2009 H1N1 and Seasonal Flu: What You Should Know About Flu Antiviral Drugs" at http://www.cdc.gov/H1N1flu/antivirals/geninfo.htm.

Downloadable brochures and informational flyers, including one on antiviral drugs, are available at http://www.cdc.gov/h1n1flu/flyers.htm.

For the FDA page on antiviral influenza drugs: http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm100228.htm

FOR MORE INFORMATION

November 5, 2009 Weekly Update

http://www.maine.gov/tools/whatsnew/attach.php?id=84420&an=2

November 5, 2009 Weekly Update Press Release

http://www.maine.gov/tools/whatsnew/index.php?topic=DHS+Press+Releases&id=84427&v=cdc article

November 6, 2009 Press Release on Second Maine H1N1 Death

http://www.maine.gov/tools/whatsnew/index.php?topic=Portal+News&id=84439&v=article-2008

State of Maine's Website: www.maineflu.gov

Federal Website: www.flu.gov

H1N1 Conference Calls:

Maine CDC holds weekly conference calls to provide updates and take questions on H1N1. The next call will be held **Monday, November 9, from noon to 1 pm**. To participate, call 1-800-914-3396 and enter pass code 473623#. During calls, please press *6 to mute your line and #6 to un-mute when you are actively participating.

Call or Email Us:

- For clinical consultation, outbreak management guidance, and reporting of an outbreak of H1N1 call Maine CDC's toll free 24-hour phone line at: 1-800-821-5821.
- General Public Call-in Number for Questions: 1-888-257-0990
 Deaf and Hard of Hearing phone number: 1-800-606-0215
 Phone lines are open Monday Friday 9 a.m. 5 p.m.
- Email your questions to: flu.questions@maine.gov